

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.
15142500

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				2		2
11				2		2
12				1		1
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50						
TOTAL NO.			19		8	
TOTAL OFF.			28		46	
TOTAL			97		54	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61				1		
62				1		
63				1		
64						
65				1		
66				2		
67				1		
68				2		
69						
70				1		
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76				2		2
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TOTAL NO.						
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